



## Retail Vendor Incident Report

### INCIDENT INFORMATION:

Today's Date: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM / PM  
Store Name: \_\_\_\_\_ WIC Vendor ID #: \_\_\_\_\_  
Store Address: \_\_\_\_\_  
Store Phone #: \_\_\_\_\_ Person making this report: \_\_\_\_\_  
eWIC Card Number: \_\_\_\_\_

### INCIDENT TYPE:

- ☐ Participant repeatedly attempts to purchase unauthorized foods and appears unaware of what foods are WIC authorized.
- ☐ Participant tried to return/exchange WIC foods for cash or credit.
- ☐ Participant used foul language and/or made threatening comments. Was the participant physically abusive?  
Was store security or the local police department called?
- ☐ Other

### INCIDENT DETAILS: Please provide as much information about the incident as possible.

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### ACTION TAKEN: What action did your staff take?

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### WITNESS INFORMATION:

Witness Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Witness Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Return completed form by mail or fax:

**Mail:** Maryland WIC Program  
201 W. Preston Street, 1st Floor  
Baltimore, MD 21201

**Fax:** 410-333-5683